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PTO/SB/97 (08-00)

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Application Number: 09/559,901

Filing Date: 4/26/2000

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1. Fee Transmittal
2. Response to Office Action dated 03/15/2005

Total Pages Transmitted: 9
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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/559,901
		Filing Date	4/26/2000
		First Named Inventor	Martin G. Puryear
		Examiner Name	CON P TRAN
		Art Unit	2644
TOTAL AMOUNT OF PAYMENT (\$) 0		Attorney Docket No.	MS1 - 540US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0789 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x 50 = _____ **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = _____ x 200 = _____ **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$) _____ Fee Paid (\$) _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	38318
Name (Print/Type)	Allan T. Sponseller	Telephone	(509) 324-9256
		Date	4/12/05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.09/559,901
Filing Date April 26, 2000
Inventor Martin G. Puryear
Group Art Unit 2644
Examiner Tran, Con P.
Attorney's Docket No. MS1-540US
Confirmation No. 1800
Title: Extensible Kernel-Mode Audio Processing Architecture

RESPONSE TO OFFICE ACTION DATED MARCH 15, 2005

To: Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

From: Allan T. Sponseller (Tel. 509-324-9256 x215; Fax 509-323-8979)
Customer No. 22801

Sir:

In response to the Office Action of March 15, 2005, in connection with the above-identified application, the following remarks are submitted. Favorable consideration is respectfully requested.

A detailed listing of the claims is provided below. A status identifier is provided for each claim in a parenthetical expression following each claim number.